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Yossef Meller  
*Hebrew University, Jerusalem*

Nancy Mudrick  
*Syracuse University*

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# THE IMPACT OF PROGRAM CENTRALIZATION ON THE UTILIZATION OF SOCIAL SERVICES: THE CASE OF THE SSI PROGRAM

YOSSEF MELLER

Paul Baerwald School of Social Work,  
Hebrew University, Jerusalem

NANCY MUDRICK

Maxwell School Health Studies Program,  
Syracuse University

*When the Old Age Assistance (OAA), Aid to the Blind (AB), and Aid to the Permanently and Totally Disabled (APTD) caseloads were converted to SSI in 1974, only cash payments were transferred to the Social Security Administration; social services remained available through public welfare agencies. This paper assesses the extent to which the service utilization of low income aged and disabled persons changed with the social service delivery system changes associated with the implementation of SSI. We found that the proportion of persons receiving social services decreased slightly between the last year of the old programs and the first year of SSI. The decrease in utilization was among those who received few services before SSI while the proportion receiving many services increased after SSI implementation.*

In 1973 disabled and aged public assistance recipients received both cash payments and social services as part of their Old Age Assistance (OAA), Aid to the Blind (AB), or Aid to the Permanently and Totally Disabled (APTD) benefits. Only the cash benefit was maintained when these programs were collapsed into the Supplemental Security Income (SSI) Program in 1974 and their administration transferred to the Social Security Administration. However, social services remained available to SSI recipients through state public assistance agencies. This meant that with the implementation of

SSI, the delivery structure of social services for aged, blind and disabled public assistance recipients was dramatically altered since those who required both cash and services now had to deal with a minimum of two agencies instead of one.

The purpose of this paper is to discuss the changes in the receipt of social services by low income aged and disabled persons which may have resulted from the initiation of the SSI program.

SSI federalized the cash benefits to dependent aged, blind, and disabled persons as a means of achieving its objectives of increasing the adequacy of the cash payment, increasing horizontal equity through uniform eligibility criteria, and increasing administrative efficiency by shifting administrative responsibility to the well-regarded Social Security Administration (Tissue, 1977; Trout & Mattson, 1984). SSI has generally been positively evaluated in terms of meeting its goals. Fifty-five percent of recipients reported increased income after implementation of SSI with the poorest recipients experiencing the largest increases in monthly income (Schieber, 1978). Recipients also like SSI because it is less stigmatizing than the previous welfare programs (Ozawa, 1978). Finally, states have been relieved of the administrative burden and much of the costs they experienced prior to the initiation of SSI.

There is no direct theory upon which one can draw to predict the impact of the centralization of cash benefits on the utilization of social services. However, the separation of financial aid from service provision in public welfare agencies is an event with potentially similar effects because, like SSI, separate processes now provide welfare recipients with cash and services. An evaluation of the impact of the separation of services found lessened utilization of services when cash and service needs were determined separately (Piliavin & Gross, 1977). Service use appeared to diminish because workers no longer initiated contacts for recipients in need of assistance and because there was less knowledge about available services and greater inconvenience in obtaining them.

It seems likely that the conversion to SSI resulted in

diminished accessibility to and receipt of services by low income aged, blind and disabled persons. Instead of a single agency where both cash and services needs are handled, SSI recipients must interact with at least two separate agencies with separate eligibility procedures. The federalization of cash assistance and standardization of eligibility handling within the local Social Security office implies increased physical distance between beneficiaries and service centers, increased travel time to the service and a decreased ratio of service providers to clients. Furthermore the local Social Security office staff, even when reached, could no longer provide technical assistance to recipients of SSI in regard to their need for social services. Since many of these recipients have mobility and communication difficulties, these changes in the delivery structure may have adversely affected their access to and use of services.

We have formulated our expectations regarding the impact of conversion to SSI on the utilization of services into two hypotheses:

1. The conversion of public assistance (ABD) programs to SSI resulted in a decrease in the social services used by aged, blind, and disabled public assistance recipients.
2. SSI recipients most likely to be receiving several social services are those who were receiving services prior to conversion to SSI.

## METHOD

Our data for this analysis come from the Social Security Administration's Survey of Low Income Aged and Disabled (SLIAD). This survey was conducted in order to assess the initial impact of SSI. Respondents were interviewed twice: once in the Fall of 1973 and a year later in the Fall of 1974 after SSI had been in operation almost a year. Our study sample consists of 11,359 cases, 5,192 aged and 6,167 disabled persons who were welfare recipients in 1973 and were converted to SSI in 1974. (For a more detailed description of the SLIAD survey see Barron, 1978.)

The analysis of service use is based on reported receipt of

the following ten services: housework help; home delivered meals; legal assistance; physical therapy; visiting nurse; social counseling; job finding; glasses and dentures; braces and wheel chairs; homefinding and moving. While services in addition to these may have been received, our data limit us to these ten. This list does, however, include the services most frequently provided prior to the initiation of SSI (Urban Systems, 1976).

## RESULTS

Table 1 shows that in the first year of SSI fewer aged and disabled persons received social services than before SSI. Prior to SSI, 54.6 percent of the aged reported they did not use any services while after conversion 61.3 percent of them did not receive any services. Nearly forty-three percent of persons with disabilities received no services under APTD and AB; after transferring to SSI, 51.5 percent received no services. These differences of 6.7 percent and 8.9 percent are statistically significant.

TABLE 1

THE QUANTITY OF SOCIAL SERVICES RECEIVED  
BY AGED AND DISABLED  
PUBLIC ASSISTANCE RECIPIENTS BEFORE AND AFTER SSI\*

Number of Services	Aged		Disabled	
	1973	1974	1973	1974
No service	54.6	61.3	42.6	51.5
1-4 Services	45.1	35.6	55.9	42.6
5 and more services	0.3	3.1	1.5	5.9
Total Percent	100.0	100.0	100.0	100.0

\* Percents based upon weighted data. 1973 data are before SSI; 1974 data are from the first year of the SSI Program.

When the change in the total quantity of services delivered is examined, we find decreases among both aged and disabled persons. A total of 3208 services are reported received by the aged in 1973; they report receiving a total of 2856 services in 1974. The total number of services received by disabled persons drops from 5338 in 1973 to 4416 in 1974. This decrease in the total number of services received is not evenly distributed. For those receiving one to four services, there was a 9.5 percent decrease among the aged and a 13.3 percent decrease among the disabled. The proportion of recipients receiving more than four services increased after conversion to SSI by 2.9 percent among the aged and 4.4 percent among the disabled.

One explanation for the fact that the proportion receiving few services decreased while the proportion receiving many services increased may be that because fewer persons approached public welfare agencies (or had others approach public welfare on their behalf), those who did come in contact with the agency received a greater quantity of services. The Mix of Services Utilized by the Welfare Aged and Disabled, show small but consistent reductions in the proportion of persons receiving any particular service (see Table 2). Among the aged, the most utilized services in 1973 were glasses, dentures or hearing aids and housework help. The same pattern remains in 1974 though with a slight decrease in utilization of glasses, dentures, or hearing aids (0.1%) and a slight increase in housework help (0.6%).

The most utilized services by persons with disabilities in 1973 were glasses, dentures, or hearing aids, treatment or counseling, physical therapy and moving or home-finding aid. The same pattern remained in 1974 but there were decreases in the utilization of these services.

Comparison of services utilized by aged and disabled recipients in 1973 and 1974 reveals that in each year the rate of utilization by the latter was higher in most service categories and that they experienced a greater decrease in the utilization of services after conversion to SSI. Both groups increased their service utilization only in two categories, home deliv-

ered meals and housework help, while the aggregate utilization of each of the other services was approximately 1 percent lower in 1974 than it had been in 1973.

All in all, these findings moderately support our predictions that social service use after SSI would be lower than service use before SSI and high service utilizers would increase their use of services.

## DISCUSSION

These data from the year before and the first year of SSI document that overall there was a decrease in service utilization. We have associated this decrease with the change in the social service delivery structure experienced by SSI recipients. We found also that under SSI it would be easier to continue to receive services rather than obtain services for the first time, receipt of several services before SSI was a good predictor of service receipt after SSI.

Since the period covered by our data, social service delivery for all persons has undergone a profound change. The Title XX legislation takes SSI recipients into account by requiring that at least 3 of the services offered under Title XX be aimed at the SSI population. A report by the Social Security Administration estimates that in early 1976 11 percent of the aged, 21 percent of the blind, and 12 percent of the disabled on SSI received social services (U.S. DHEW, 1978). While the percentage receiving services varied among the States, the percentage receiving services was reported to range from 1 percent to 29 percent. A study of only aged SSI beneficiaries in seven states reports that between 3 percent and 33 percent also receive social services under Title XX (U.S. Comptroller General, 1979). Both reports list health-related services, homemaker/chore services, counseling, transportation, and protective services as the most frequently provided.

These estimates are substantially lower than the estimate of service receipt we report for the period prior to Title XX. It is likely that part of the difference can be attributed to decreased utilization of social services by SSI beneficiaries.

TABLE 2  
PERCENTAGE OF WELFARE AGED AND DISABLED  
RECEIVING SELECTED SOCIAL SERVICES<sup>1</sup>

Social Services	Aged		Disabled	
	1973	1974	1973	1974
Legal Assistance	3.2	2.7	8.3	6.6
Physical Therapy	5.1	5.1	10.0	9.6
Glasses, Dentures or Hearing Aid	24.0	23.9	30.0	25.9
Brace, Wheelchair or Walker	5.0	4.6	6.0	5.7
Home Delivered Meals	2.4	3.6	1.8	2.1
Visiting Nurse, Home Health Aid	5.0	4.7	5.6	5.0
Housework Help	11.0	11.6	7.7	8.4
Treatment or Counseling	1.0	0.7	10.8	8.4
Job Finding Assistance	0.1	0.1	4.8	3.6
Homefinding, Moving Aid	5.0	5.0	9.2	8.3
R <sup>2</sup>	.281*		.382*	

<sup>1</sup> The table represents percentage of the welfare aged and disabled responding "yes" in each category of service. The question they were asked was whether they received or did not receive these categories of service. Percents based on weighted responses.

<sup>2</sup> Correlation between the number of services received in 1973 with the number of services received in 1974.

\* Probability < .01



Compared to the other beneficiaries of Title XX social services, aged and disabled SSI recipients are disproportionately limited by physical and mental handicaps which may act to decrease their ability to request and utilize services. The bureaucratic separation of their cash and service benefits may pose an additional barrier to receipt of their entitled share of public social services.

In our comparison of service receipt in 1973 with receipt in 1974, we wish to assess whether under SSI aged and disabled welfare recipients experienced a degraded or improved access to services. These data do not allow us to make this assessment free of certain threats to internal validity (Campbell and Stanley, 1966). It is possible that a change in service use such as we measure occurs between any two years and that the conversion to SSI had no impact on service use. Unfortunately, we have no data for a comparable two year period either prior to or following the years of the SLIAD survey. Alternatively, it is possible that we have measured a real change in service use, but one which is related to factors other than SSI. We feel this second threat is not likely to be the case inasmuch as our data are national and based on fairly large samples. Changes which did occur in service programs between 1973 and 1974 at the national level were a direct consequence of the initiation of SSI. These changes include the mandate that vocational rehabilitation agencies offer services to certain disabled SSI recipients; an integral part of the SSI legislation. Finally, although the data are more than ten years old, we feel their analysis is still of interest. Since our focus is not merely the particular effect of conversion to SSI on the use of services, but the more general issue of the relationship between service delivery structure and service utilization, the SLIAD data are appropriate to our needs.

Our findings are similar to results reported by studies on the separation of social services and income maintenance (Piliavin & Gross, 1977; Cnaan, et al., 1987). Once more it is indicated that program centralization as well as separation may have led to decreased utilization of social services an

issue relevant to the situation of public welfare recipients and policies of service delivery.

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